KidCare Update

February 2003

SPECIAL THANKS.

As Connecticut Community KidCare (KidCare) enters into its third year of evolution, the Division of Mental Health wishes to extend a special "thank you" to Commissioner Ragaglia for her dedication and commitment to children's behavioral health. Through her vision for improving services for children with complex behavioral health care needs and their families, KidCare is moving towards its full implementation, scheduled for October 1, 2003. Connecticut owes a tremendous debt of gratitude to Commissioner Ragaglia for her tireless work to improve the breadth and quality of services for the state's youngest residents!

QUICK REVIEW:

Over the past two years, the State of Connecticut committed over 21 million dollars to new behavioral health services for children. These dollars went to fund a statewide network of children's mobile crisis units, additional care coordinators, enhanced and expanded extended day treatment slots, and new intensive home based treatment services. Congruent with the goals of KidCare, the Department has also used federal dollars to expand the family advocacy program and enhance respite services. KidCare has sought to increase and improve Connecticut's service array for children with complex behavioral health care needs by emphasizing cultural competence, evidence-based models, family partnerships and a strength-based approach.

EMERGENCY MOBILE SERVICES (EMS)

The Department redesigned its community-based crisis service programs during FY 2002. Eleven (11) EMS providers have been contracted with statewide. These providers offer crisis intervention, 7 days a week, to prevent unnecessary emergency department visits and inpatient admissions, and to stabilize youth with emotional and behavioral disturbances. First and Second Quarter data (July 1, 2002-December 31, 2002) from the EMS programs reveals the following:

- 2,745 calls were received for Emergency Mobile Services (EMS) statewide
- Of those calls 1,814 were triaged and referred to appropriate follow up care
- The average age was 13
- 23% of the children were seen in their home
- 61% were not known to DCF
- Parents were the primary referral source (while in session, schools are the second highest referral source)
- The primary presenting problem continues to be suicidal ideation and depression
- An average of 450 children are seen per quarter for stabilization services statewide
- The average time spent in Emergency Departments after medical clearance is 2 hours

CARE COORDINATION:

In conjunction with the EMS programs, the Department is funding sixty (60) Care Coordinator positions. The Care Coordinators serve the local Community Collaboratives by partnering with parents in the development of a service plan to benefit children with complex behavioral health care needs. Care Coordinators use clinical and community systems knowledge to broker and advocate for services, and to coordinate and monitor the implementation of the service plan. Caseload characteristics data from the Care Coordination program for the period of July 1, 2001- June 30, 2002 is as follows:

- 432 children and families were served
- 55% of the children served were ages 12-16
- The average age served, statewide, is 11.75 years
- 70% of the children served were male
- 69% of the children served are in Special Education
- 58% served were Caucasian/White, 14.5% Black (African American and West Indies Islander), 15% Puerto-Rican, and 6% Bi-Racial.
- 38% of children in Care Coordination have no current or prior involvement with DCF; 19% are enrolled in Voluntary Services; and 36% have a current or have had prior involvement with protective services
- 76% of the children live with one or both parents in their biological family
- The most frequent referral sources are: friend/family/self (29%); DCF (23%); child guidance clinics (14%) and schools (11%)
- The most frequent reason for referrals are: behavioral problems at school (53.8%); behavioral problems at home (49.4%); physical violence/aggression (47.8%), oppositional defiant behavior (29.5%) and depressed/isolated (29.5%)
- The top five primary diagnoses are: Attention Deficit Disorder; Oppositional Defiant Disorder; Bipolar Disorder; Autistic/PDD and Depressive Disorder.

KIDCARE INSTITUTE:

The KidCare Institute continues to hold regional-based training opportunities for DCF staff, families, providers and other interested stakeholders across the state. Since its inception, over 1500 people have received KidCare training. In addition, specialized training has been offered for the Community Collaboratives' Care Coordinators. This training has been developed in conjunction with the KidCare institute, using DCF staff, providers, families and national experts for content development and presentation. All Care Coordinators are required to complete an extensive pre-service training that increases their skill-level related to data collection, assessment, strength-based care planning, family partnering and cultural competency. Training regarding effective use of flexible funds has also been provided to the Care Coordinators.

Partnering with the State Department of Education, DCF has sponsored a series of regional workgroups designed to introduce school systems to KidCare, and to provide an opportunity for school administrators and staff to meet with local providers, family advocates and others involved in their Community Collaboratives. Most recently, The Educator's Guide to KidCare (Guide), a three page summary of the KidCare initiative and its relevance for school personnel was distributed statewide with a cover letter signed by Commissioners Sergi and Ragaglia. Shortly, a "community" version of the Guide will be posted on the DCF Internet and Intranet sites.

The Department is also partnering with the Court Support Services Division to provide a training process similar to that offered to school personnel, designed to target probation officers. This training is intended to educate probation officers about eligibility requirements for and benefits of the newer KidCare services, as these individuals often encounter youth with serious mental health needs. The first of this training began on January 15, 2003.

KIDCARE WORK GROUP

Much of the design of KidCare has been the product of a multitude of workgroups. These workgroups have included representation from Central and Regional Office DCF staff, providers and families. A new KidCare Residential Care WorkGroup, with broad representation, has been developed. This WorkGroup is identifying specific levels of residential care for children who require treatment outside of their home.

SUICIDE PREVENTION:

The Department, through its Youth Suicide Advisory Board (YSAB), has entered into a contract with the CT Clearinghouse. This contract provides all DCF staff with a membership to the Clearinghouse and access to this organization's extensive library and resources pertaining to suicide prevention, behavioral health disorders and child abuse and neglect. In addition, the YSAB is offering an overview of suicide prevention training for parents, DCF Social Work Staff, Care Coordinators, Independent Living Community Life Skills Trainers, and other frontline staff who

serve youth. Should you have questions about this training, please do not hesitate to contact Dorian Long, MSW, Program Supervisor, at 860.560.5038.